

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION

Afraaz R. Irani, M.D., )  
Plaintiff, ) C.A. No. 3:14-cv-3577-CMC-KDW  
v. )  
Palmetto Health; University of South Carolina )  
School of Medicine; David E. Koon, Jr., M.D., in )  
his individual capacity; and John J. Walsh, IV, )  
M.D., in his individual capacity, )  
Defendants. )  
\_\_\_\_\_  
)

**AFFIDAVIT OF  
KATHRYN THOMAS**

Kathryn Thomas, whose signature appears below, testifies under oath as follows:

1. I am counsel of record in this case. I have personal knowledge and am competent to testify as to the matters stated in this affidavit.
2. Attached hereto as Exhibit G is a document provided to me by the Medical Board of California as Dr. Alfraaz Irani's authorization for the release of information, files, and records to that Board.

I testify under penalty of perjury this 6th day of January, 2015, that the foregoing statements are true and correct.

  
\_\_\_\_\_  
Kathryn Thomas

EXHIBIT

Tables!

G

## PHOTOGRAPH



Notice: All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensing per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.

## DECLARATION

The applicant, AFRAAZ RUSTOM IRANI, Personal Information  
 Please print full name (First, Middle, Last) Date of Birth (mm/dd/yyyy)

being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application; know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

**I UNDERSTAND THAT ANY OMISSION, FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

SIGNATURE: Afraz Irani DATE: 5/23/13

## NOTARY SECTION

SIGNATURE OF APPLICANT: Afraz Irani (DO NOT SIGN EXCEPT IN THE PRESENCE OF NOTARY—Please sign full name)

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 28<sup>th</sup> day of May, 2013.

by Afraz R. Irani \_\_\_\_\_ proved to me on the basis of satisfactory evidence  
 (Print applicant's name)

to be the person who appeared before me.

Pearl Castillo  
 SIGNATURE OF NOTARY PUBLIC

